APPROVED BY ISH ON 11/18/04

COMMITTEE MEETING MINUTES

COMMITTEE: **Integrated Services and Health Systems (ISH)**

DATE: September 23, 2004

CHAIRPERSONS: Arleen Downing and Gretchen Hester
DDS LIAISON: Eileen McCauley
CDE LIAISON: Nancy Sager

MEMBERS PRESENT: Jean Brunelli, Sylvia Carlisle, Arleen Downing, Gretchen Hester, Sandy Harvey, Eileen McCauley, Robin Millar, Mara McGrath, Peter Michael Miller, Nancy Sager, Luis Zanartu

MEMBERS ABSENT: Ken Freedlander, Toni Gonzalez, Dwight Lee, Hallie Morrow, Ivette Pena

GUESTS: Cheri Schoenborn, Kat Lowrance

STAFF/RECORDER: Pete Guerrero

SUMMARY OF IMPORTANT POINTS AND ACTIONS CONSIDERED:

1. INTRODUCTIONS: All members present introduced themselves and their affiliations.

2. AGENDA REVIEW: Agenda was reviewed. No additions or deletions.

3. REVIEW AND APPROVAL OF MINUTES AND WORKPLANS:
The members of the committee reviewed and approved the minutes of the May meeting complimenting Sheila Wolfe on their comprehensiveness. The committee also reviewed the Executive Committee Work Plan detailing the areas assigned to the ISH committee.

4. CHAIRS REPORT: A brief report of activities since the May meeting was provided including:
    1) receipt by all committee members of a packet from the department containing all data/reports requested (except copies of Interagency Agreements) including a list of responses to specific questions posed by the ISH committee;
    2) an executive planning teleconference;
    3) a teleconference between the chairs and staff to the committee, to prepare for today's meeting; and
    4) supplemental documents e-mailed to ISH committee members with a request to review all materials prior to today's meeting and to submit any questions to Chairs or committee staff for clarification prior to the meeting. Those materials included:

- analysis and summary of the Regional Center survey on communication with the primary health care provider,
- a list of questions the data distributed by the department might address which supplements the extensive minutes for the May ISH committee meeting, and
- the proposed agenda for today's meeting.

Members were directed to review the Executive Committee Work Plan on page 62 of the ICC materials booklet and were informed that each committee had been designated as the lead in achieving the priority-specific outcomes identified by the different committees in their work over the last few months. Some committees will also coordinate their work with other committees. Proposed action plans and data requested for each priority area are also summarized on that document. Later in the agenda a strategy for ISH to accomplish it's work related to Interagency Collaboration and IFSP Development will be presented.

The materials sent to each committee member by committee staff were reviewed. All members did receive the communication and read the materials as requested. Members were informed that all of the committees had received the data they specifically had requested and that all materials were compiled in a binder for ICC staff. All documents are available to each committee to assist in their work and members were reminded that these materials should be reviewed before any requests for additional data or reports are submitted to the executive committee for consideration. Copies of materials will be provided upon request to committee staff.

The list of all data and information requested (table of contents of the binder) was distributed to each member for reference. Members were reminded that any future requests for information must be accompanied by a detailed explanation as to what questions are being pursued and how the material will assist in the work of the committee in the prioritized areas.

The floor was opened for any questions from the members about the information they received. Peter Michael Miller had submitted questions to committee staff and received clarifications directly. No other committee members posed questions for clarification.

The committee had requested information about the new section of Service Coordinator's Handbook, Assessing Health Status. A presentation about the new section contents and organization was provided by Pete Guerrero who is primary writer for the service coordinator's handbook which is a WestEd contracted project (slides are attached to these minutes). The members of the committee expressed their delight as to the detail of the product and the comprehensive definition of best practice health status assessment it demonstrates. They also were pleased that this level of support is provided to service coordinators and that it should enhance the work that they do in this area, and that it is the basis of upcoming special topic training on assessing health status. The members were reminded that some of them were involved in reviewing early drafts of the section and contributed their expertise in making the document what it is.

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5. COMMITTEE TASKS:

The task of the committee in relation to the executive work plan was summarized. Refining and prioritizing the committee goals and determining if the work assigned was doable in the time allotted each committee. Members felt that the ISH assignment was doable.

Committee members received copies of the timeline for completing and submitting recommendations to DDS. It was suggested that the work of the committee be addressed by three workgroups. Group one would work on the completing action plan 1 (Identify recommended practices and models for MOUs and IAs) and 2 (Review data from regional center catchment areas that have MOUs/IAs including a focus on collaboration with DHS/CCS as designated in the executive work plan. Group Two would address item 3 (Determine effective outreach practices that result in earlier referrals and coordinated service deliver especially with DHS/CCS and other providers such as EPSDT and CHDP providers) and 4 (Determine relationship between interagency collaboration and referral data). The third workgroup would work on IFSP action plan number 4 and make recommendations to the QSDS committee for incorporating best practice models for IFSP development into training and personnel development activities provided for parents, RC, LEA, and partner agencies. Workgroups may choose to reconvene utilizing teleconference, e-mails and fax prior to the November ICC meeting with the support of committee staff.

Committee members were asked to self-assign to a work group and proceed to refine their outcomes, work toward developing recommendations, identify next steps and support needed for their interim committee work.

6. WORK GROUPS
The three work groups proceeded to address their assigned tasks for over an hour and reconvened to share their progress as follows:

Priority Area: Interagency Agreements

Workgroup A
Members: Luis Zanartu, Jean Brunelli, Sylvia Carlisle, Arleen Downing

Workgroup B:
Members: Peter Michael Miller, Mara McGrath, Gretchen Hester, Robin Millar, Eileen McCauley

Measurable Outcomes Identified (restated):

1) **Increase the number of MOUs and IAs that regional centers and LEAs have with other local public agencies (e.g., DHS/CCS and HMOs and Public Health Networks)**
2) **Identify specific local agencies or interagency coordinating councils responsible for promoting interagency collaboration regarding Part C with targeted agencies and systems**

3) Identify and monitor prioritized (e.g., Health/CCS/Head Start) RC and LEA interagency collaboration activities and outcomes

Activities Completed to date:

Workgroup A: Reviewed IAs and feel draft IA between DHS and DDS is especially good; reviewed regulations for required IAs.

Finding: Data is missing about number and type of local RC/LEA IAs in each catchment area (although the monitoring process does investigate interagency activities through focus groups) and the relationship between referral rates and presence of MOU/IA.

Work group would like to determine what are measurable outcomes of IA Collaboration and how successful MOU/IA are in relation to fair hearings, access to therapy, sharing of records and assessments, and preventive services for children. In addition etiology and specific diagnosis from specific referrers [neurodevelopmental disorders, genetic based disorders, ADHD, LD, behavioral, and speech and language impairment (SLI)] may be useful information for the department.

Developing Recommendations:

1. That DDS collect local IAs or develop a report for the committee as to those that do exist to assist the committee in determining if there is a correlation between IAs and referral rates.
2. That RCs performance contracts include IAs with local important players (Health Department/CCS, Mental Health Departments, Drug & Alcohol agencies, Social Services Agencies, MediCal & Managed Care entities)
3. That site monitoring activities include provision of copies of interagency agreements (IAs) and memoranda of understanding (MOUs)

Next Steps: Get information about recommendation 1, above, from Ken. Freedlander, DDS. Consider a teleconference to guide next recommendations.

Support Requirements: Committee staff will check with Ken and advise the members of the workgroup.

Workgroup B:
Reviewed existing data: child find % by regional center, CF % trends over 2000-2003, interagency activities and interactions with PHCP/health providers, outreach activities and differences in activities and rates between counties within and between catchment areas who have an interagency coordinating body and those that do not. RC PHCP survey findings suggest that highest referrals seem to be correlated to highest interactions with agencies and PHCPs/health providers.

APPROVED BY ISH ON 11/18/04

Determined it would be helpful/important to:

- look at both RC and LEA interagency data
- determine reasons for recent increase in referral rates
- identify important RC/LEA interactions with PHCP and best practice recommendations such as: notice to PHCP that child has been identified, about meetings, initial IFSP, providing a summary IFSP, on-going information sharing and personal interaction and outreach targeting health care providers and provider groups
- establish liaison relationships with local health care providers/PHCPs as well as other agencies (CCS, SELPAs/LEAs, Social Services, etc.) to facilitate referrals and outreach activities listed in monitoring data from DDS
- look other state and federal experiences related to local interagency/outreach and involvement of the PHCP
- examine collaboration and outreach efforts for regional centers with highest and lowest referral rates may be fruitful
- examine the effects of placing focus of outreach toward health systems (PHCP, HRI Follow-up programs, HMOs and other plans
- look at different interaction methods to guide outreach and development of personal relationships with health care providers

Recommendations:

- record all service providers (including PHCP and other health care professionals) on the IFSP
- share the IFSP with all listed providers/participants with a one-page agency coordination-feedback form/process for PHCPs.
- feedback summary sheet to be faxed back by the recipient
- support uniformity of basic IFSP contents as best practice for sharing
- uniform local policies for establishing personal relationships through combining information sharing and personal interaction/contacts
- ensure all required information is provided on IFSPs including health care services (what is to be provided, by whom and how payment will be made)
- determine effects on service planning if PHCP is not participating
- training for health care providers (on eligibility, services, what Part C can pay for, what kind of information should they be providing, what is done with information they send – is it used?),
- enhance importance of relationships between parents, RC, LEA, CCS, PHCP, and
- utilize existing resources from other sources such as the Medical Home Project

Next Steps: Continue review of data to better understand ramifications, have a teleconference with committee to ask questions, determine how Ken Freedlander can assist the workgroup in clarifying data and determine need for additional data.

Support Requirements: Workgroup B members requested that copies of data reports 3, 4, 5, and 6 be faxed to each of them.

APPROVED BY ISH ON 11/18/04

Priority Issue (to be addressed by QSDS): IFSP Best Practice (Collaboration with QSDS and FR&S)
Workgroup Members: Edward Gold, Nancy Sager, Sandy Harvey, and Kat Lowrence

Measurable Outcome Identified: Improve relationship with and increase participation of health care professionals in the IFSP process

Activities Completed to date:
Recommend the following be shared with QSDS and FR&S in their work to incorporate best practice into IFSP development:

- Advise regional centers and LEAs that the monitoring process will include the presence of documentation that notice of IFSP meetings is provided to involved medical professionals and that IFSPs are shared with the PHCP.
- Ensure that service coordination and health status assessment training should;
    - emphasize noticing health professionals about IFSP meetings
    - developing health-related IFSP outcomes
    - methods for clarifying information in medical reports for service planning and ramifications for service planning if the health care professional is not going to participate personally or by telephone.
- Incorporate into Core Institutes, health status assessment and role of the health and other professionals in the IFSP process.

Next Steps: Teleconference to identify mechanisms for parents to understand IFSP and content.

Support Requirements: TBD. Pete will keep in touch with workgroup members.

OTHER:

ADJOURNMENT
The committee adjourned at 5:20 PM.

APPROVED BY ISH ON 11/18/04

Priority Recommendations for Outcomes, Action Plans and Data Sources

September 23, 2004 – Integrated Services & Health Committee

Priority Area	Measurable Outcomes (Restated)	Proposed Action Plans	Data & Information Sources Needed
Interagency Collaboration	1) **Increase the number of MOUs and IAs that regional centers and LEAs have with other local public agencies (e.g., DHS/CCS and HMOs and Public Health Networks)** 2) **Identify specific local agencies or interagency coordinating councils responsible for promoting interagency**	Work Group A: Collect local IAs or request a report as to those that do exist to assist the committee in determining if there is a correlation between IAs and referral rates. Recommend that RC performance contracts include development of IAs with local important players (Health Department/CCS, Mental Health Departments, Drug & Alcohol agencies, Social Services Agencies, MediCal & Managed Care entities, etc.) Recommend that local agencies be required to provide copies of locally developed interagency	Work Group A: Copies of locally developed IA/MOU (previously requested) or a report as to existence of such documents and response from local agencies to DDS request for locally developed documents. Ken Freedlander's participation in a workgroup teleconference to clarify above.

Priority Area	Measurable Outcomes (Restated)	Proposed Action Plans	Data & Information Sources Needed
	collaboration regarding Part C with targeted agencies and systems **3) Identify and monitor prioritized (e.g., Health/CCS/Head Start) RC and LEA interagency collaboration activities and outcomes**	agreements (IAs) and memoranda of understanding (MOUs) as part of the monitoring process. Work Group B: Obtain both RC and LEA interagency collaboration data. Explore reasons for recent increase in referral rates. Identify current RC/LEA interactions with PHCP and develop best practice recommendations (see committee minutes for details) Look at other state and federal experiences related to local interagency/outreach and involvement of the PHCP.	Work Group B: Data on LEA interagency collaboration. Discuss at November presentation of the Annual Performance Report. Continue review of data to better understand ramifications, have a teleconference with committee to ask questions, determine how Ken Freedlander can assist the workgroup in clarifying data and determine need for additional data. Determine availability of information and/or possible sources.

Priority Area	Measurable Outcomes (Restated)	Proposed Action Plans	Data & Information Sources Needed
		Examine collaboration and outreach efforts for regional centers with highest and lowest referral rates. Examine the effects of placing focus of outreach toward health systems (PHCP, HRI Follow-up programs, HMOs and other plans). Examine different interaction methods and strategies to guide outreach and the development of personal relationships with health care providers.	
IFSP's	**Improve relationship with and increase participation of health care professionals in the IFSP process.** 1. Written guidelines (for both RC and LEA's under Part C/Early Start) will be developed	Work Group C: 1. Recommend the following be shared with QSDS (lead) and FRSC in their work to incorporate best practice into IFSP development: • Include in the monitoring process	Rates of attendance of Service Coordinators from the different RC catchment areas at core institutes.

Priority Area	Measurable Outcomes (Restated)	Proposed Action Plans	Data & Information Sources Needed
	on the requirements and best practices for assessment of health status – including vision and hearing. 2. Written guidelines will developed (for both to RC's and LEA's) on requirements and best practices for involving PHCP's in the IFSP process. **3.** PHCP's and/or a Medical Home will be identified on all intakes and IFSP's **4.** RC's & LEA's will have procedures for on-going coordination with PHCP's	review of documentation that notice of IFSP meetings is provided to involved medical professionals and that IFSPs are shared with the PHCP. • Service coordination and health status assessment training should emphasize: a. noticing health professionals about IFSP meetings b. developing health-related IFSP outcomes c. methods for clarifying information in medical reports for service planning, and ramifications if the health care professional is	

Priority Area	Measurable Outcomes (Restated)	Proposed Action Plans	Data & Information Sources Needed
		not going to participate personally or by telephone. 2. Incorporate into Core Institutes: • health status assessment • role of the health and other professionals in the IFSP process • mechanisms for parents to understand IFSP and content to be incorporated into training (to be expanded upon by workgroup C.)	Determine best information sources (e.g., interface with parent representative on ICC).